

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

11-26-02

\* 02-179

Kootenai County Coeur d'Alene Airport  
11401 Airport Drive  
Building 27  
Hayden Lake, ID 83835

2. Article Number (Copy from service label)

3 0771 2900

PS Form 3811, July 1999

Domestic Return Receipt

102595-00 M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) ROBERT BRANSON B. Date of Delivery 12/19/02  
C. Signature X Robert Branson ☐ Agent ☐ Addressee  
D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 02-179

DEC 04 2002

**CERTIFIED  
MAIL**

RETURN

RECEIPT

REQUESTED

ORDER DATED

11-26-02

FCC 02M-107

MIMEOGRAPH NO.

NAME: Kootenai County Coeur d'Alene Airport  
11401 Airport Drive  
Building 27

C. R. R. NO.

Hayden Lake, ID 83835

BY .....

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees \$

Postmark

DEC 06 2002

Name (Please Print Clearly) (to be completed by mailer)

KOOTENAI COUNTY COEUR D'ALENE AIRPORT  
Street, Apt. No. or PO Box No.  
11401 AIRPORT DRIVE Building 27  
City, State, ZIP+4  
HAYDEN LAKE, ID 83835

PS Form 3800, July 1999

See Reverse for Instructions

7000 0600 0023 0771 2900